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PTO/SB/81 (09-03)
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

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| Application Number | 10/627,094 | | | | |
|------------------------|----------------------------|--|--|--|--|
| Filing Date | 07/25/2003 | | | | |
| First Named Inventor | Freeman et al. | | | | |
| Title | Personal Flotation Devices | | | | |
| Art Unit | | | | | |
| Examiner Name | | | | | |
| Attorney Docket Number | 33951.3 | | | | |

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| Practitioner(s) named below: | | | | | | | | | |
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| | Firm or | | | | | | | | |
| Add | Individual Name | House and Bassa 1.1.D | | | | | | | |
| Add | | Haynes and Boone, L.L.P. 901 Main Street, Suite 3100 | | | | | | | |
| City | | Dailas | | Slate | TX | Zip 75202-3789 | | | |
| Cou | | USA | | | | | | | |
| | phone | 214-651-5000 | | Fax | 214-200-0853 | <u> </u> | | | |
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| | pplicant/inventor. | | | | | | | | |
| | | the action internal. See 37 CEI | 0 2 71 | | | | | | |
| | Assignee of record of the entire Interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | | | |
| Name Jeffrey G. Freeman | | | | | | | | | |
| Signature | Aeltra & | of Francisco | | | | | | | |
| Date | | | | | | | | | |
| NOTE: Signatures of all the inventors or essignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | | | |
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This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| First Named Inventor | Freeman 6t 8l. | |
| Title | Personal Flotation Devices | |
| Art Unit | | |
| Examiner Name | | |
| Attorney Docket Number | 33951.3 | |

| I hereby appoint: | | | | | 7 | | |
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| | with the Customer Number: | | 276 | 83 | | | |
| OR | | | | | _1 | | |
| Practitioner(s) named below: | | | | | | | |
| | Name Registration Number | | | | | | |
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| I ne addrese associa | ted with Customer Number: | | | | | | |
| OR | _ | | | | | | |
| Firm or Individual Name | | | | | | | |
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| City | Osilas | | State | TX | Zip | 75202-3789 | |
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| lam the: | | | | | | | |
| Applicant/Inventor. | | | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | |
| Name Ronald J. Madden | | | | | | | |
| Signature 1(000) Adole | | | | | | | |
| Date 16-7-64 Telephone 38-247-0797 | | | | | | | |
| NOTE: Signatures of all the inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below". | | | | | | | |
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